

Case Number:	CM13-0064056		
Date Assigned:	01/03/2014	Date of Injury:	03/28/2008
Decision Date:	05/28/2014	UR Denial Date:	11/15/2013
Priority:	Standard	Application Received:	12/11/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is an employee of the county of [REDACTED] and has filed a claim for low back pain associated with an industrial injury date of March 28, 2008. The utilization review from November 15, 2013 denied the request for prescription of Norco 10/325mg every 4 hours as needed, #90 due to no documentation of opioid management monitoring including analgesia, activities of daily living, and compliance. The treatment to date has included chiropractic treatment, acupuncture, aquatic therapy, physical therapy, TENS unit, H-wave unit, and medications. The medical records from 2013 were reviewed showing the patient complaining of low back pain with radiation to the buttocks and pelvis. There is also associated left leg numbness. The patient reports that aquatic therapy helps. On examination, there was tenderness over the low back area and left sciatic notch. The patient utilizes Norco, Soma, and Lidoderm patches.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

PRESCRIPTION OF NORCO 10/325MG EVERY 4 HOURS AS NEEDED, #90 (PRESCRIPTION DATED 10/31/13): Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 80.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids
Page(s): 78.

Decision rationale: Page 78 of the California MTUS Chronic Pain Medical Treatment Guidelines state that ongoing opioid treatment should include monitoring of analgesia, activities of daily living, adverse side effects, and aberrant drug-taking behaviors; these outcomes over time should affect the therapeutic decisions for continuation. In this case, the patient has been taking Norco as early as August 2013. However, the documentation did not indicate objective pain relief, functional improvements such as improved ability to perform activities of daily living, adverse effects of medications, or medication compliance. Therefore, the request for Norco is not medically necessary.